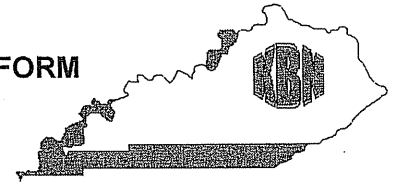


**KENTUCKY BOARD OF NURSING LICENSURE
KENTUCKY CRIMINAL BACKGROUND REQUEST FORM**



The process to obtain the information in the CourtNet Disposition System is as follows:

Licensing: This request for licensing purposes requires a \$10 (**check or money order**) and must include a self-addressed stamped envelope. Your return envelope must be addressed with adequate postage.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.

Submit the completed form to: **ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORD DIVISION
100 MILLCREEK PARK
FRANKFORT, KY 40601**

PLEASE PRINT OR TYPE YOUR INFORMATION CLEARLY:

Social Security Number

Date of Birth (mm-dd-yyyy)

Current Last Name

First Name

Maiden and/or Alias Names

Maiden and/or Alias Names

Street Address / PO Box

City

State

Zip Code

Email Address

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS.523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees – if applicable.

Your signature authorizes AOC to send a copy of your complete criminal history report to the Kentucky Board of Nursing.

For AOC: Email courtnet results to KBN at: KBN.Credentials@ky.gov

SIGNATURE:

Date: (mm-dd-yyyy)